L20000 38011

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COVER LETTER

TO:

Registration Section

Division of Cor	porations					
	Company, LLC					
SUBJECT:	Name of Lim	ited Liability Company				
he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Johnathan McKeen-Chaff						
		_				
Please return an correspo	indence concerning this matter	to the following:				
	Johnathan McKeen-Cha	ff				
		Name of Person				
	,	Firm/Company				
	27540 Holiday Dr					
		Address				
	27540 Holiday Dr Address Dade City, FL 33525					
		City/State and Zip Code				
		to be used for future initial carrest in	ntification)			
For further information c	oncerning this matter, please c	·	onications			
Johnathan McKeen-Ch	een-Chaff 352 428-6067					
Name o	f Person	at () Area Code Dayt	ime Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres Registration 9		Street Address: Registration S	Section			
Division of Corporations		Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2620 -10 r" 1:51 Covenant Company, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 177/2020 _____ and assigned Florida document number L20000038011 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Johnathan McKeen-Chaff	27540 Holiday Dr	■Add
		Dade City, FL 33525	□Remove
			□Change
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fective date, if other than the date is listed, the date must lote: If the date inserted in this blococument's effective date on the Department.	be specific and ca ck does not mee	unnot be prior to et the applicat				ig.) Pursuant to 6	
record specifies a delayed effective is filed.	date, but not ar	ı effective tim	ie, at 12:01 a	.m. on the ear	lier of: (b)	The 90th day a	fter the
		2020		/	1		
ated April 8	1 70				/		
ated April 8	Ms	12	M	18	/		
April 8	ignature of a me	mber or author	ized represent	ative of a memi	per		

Filing Fee: \$25.00